



St. Lucie County Parks & Recreation Department

Camp Registration Form

2000 Virginia Avenue, Fort Pierce, Florida 34982

Fenn Center: Phone (772) 462-1521 – Fax (772) 462-1128

Sports & Athletics: Phone (772) 462-1522 – Fax (772) 462-2377

Lincoln Park Community Center (772) 462-1788 – Fax (772) 462-1999

www.stlucieco.gov/parks/camps

Please Print)

Participant's Name _____

Date of Birth _____ Age: _____ ☐ Male ☐ Female

Medical conditions/or special support needs: _____

Email Address _____

Mother's Name _____ Father's Name _____

Address _____

City _____ Zip _____

Phone Number(s) _____ Cell # _____

Emergency Contact Name _____ Emergency Number _____

Name of people other than parent allowed to pick up your child.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Name of people absolutely not allowed to pick up your child up.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Please check the following week (s) you would like your child to attend camp

Week 1 June 15 - 19 _____	Week 4 July 6-10 _____	Week 7 July 27 – 31 _____
Week 2 June 22 - 26 _____	Week 5 July 13 - 17 _____	Week 8 Aug. 3 – 7 _____
Week 3 June 29 - July 3 _____	Week 6 July 20 – 24 _____	Week 9 Aug. 10 – 14 _____
		Week 10 Aug. 17 - 21 _____

WAIVER – Please Read Carefully Before Signing

In consideration of the opportunity afforded to the undersigned to participate in the St. Lucie County Department of Parks & Recreation recreational activity, hereafter described, the undersigned hereby and voluntarily waives any right or cause of action against St. Lucie County, its officers, agents and employees arising out of any claim whatsoever as a result of any injuries to body, life, limb or property arising from participation in the described activity. The undersigned participant shall indemnify and hold harmless St. Lucie County, its officers, agents, and employees from and against all judgments, orders, decrees, attorney's fees, costs, expenses and liabilities arising from or out of such claim, investigation or defense thereof.

St. Lucie County has my permission to use/take a photograph of my child for the use of publicity of the above program without compensation. I hereby waive any claim that my signature below indicates that I have read and understand the waiver and that I have been provide with a copy of the rules and regulations set forth by the St. Lucie County Department of Parks and Recreation. I have read and thoroughly understand them and agree to explain them to the children in my care who are involved in the programs offered. **I understand that should I wish to refund, there will be a 25% cancellation fee for all weeks canceled. Payment can be transferred to another week if there is availability. Refunds requested after the first day of the week in question cannot be given.** ay arise by the use/taking of my child's photograph.

X _____
Printed Name

X _____
Signature

For Office Use Only

Registration Fee \$ _____ Check # _____ Cash _____ Visa/MC/Discover _____ Staff Received by: _____